



City of Houston
Department of Health and Human Services
Consumer Health Services Bureau

APPLICATION FOR FOOD SERVICE MANAGER'S CERTIFICATE – PLEASE PRINT CLEARLY

Date:

Name:
First Middle Last

Home Address:
Street Apt. City State Zip

Home Phone: Driver's License #:

Male: ☐ Female: ☐

Mail Certificate to: ☐ Home ☐ Business Name of Business:

Business Address:
Street Address Suite City State Zip

Business Phone: Signature:

**PLEASE MAKE YOUR CASHIER'S CHECK, MONEY ORDER, OR BUSINESS CHECK PAYABLE TO:
HOUSTON DEPARTMENT OF HEALTH & HUMAN SERVICES
PERSONAL AND TEMPORARY CHECKS ARE NOT ACDEPTED**

DO NOT WRITE BELOW THIS LINE

Date Cert. Starts: Ends: Cash: ☐ Check/M.O. #:

☐ **Duplicate Food Service Manager's Certification (\$25.00)**

Existing City of Houston Certificate #: Expires: \$

☐ **Course Exemption by Reciprocity (\$35.00)**

Certificate #: Expires: \$

Approved by: Total: \$
SIGNATURE